



# Partners

## Accident Investigation Report

Employee Name \_\_\_\_\_ Date of Injury \_\_\_\_\_

Employee Address \_\_\_\_\_ City \_\_\_\_\_ OK Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_\_ Date of Hire \_\_\_\_\_

Weekly Wage \_\_\_\_\_ Occupation \_\_\_\_\_

Time of Injury \_\_\_\_\_ am/pm Date Employer Notified \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time Work Day Began \_\_\_\_\_ am/pm Last Day Employee Worked \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Did Employee Return to Work? Yes No Did Employee Die? Yes No

Place of Injury \_\_\_\_\_ OK County \_\_\_\_\_

Single Injury \_\_\_\_\_ or Cumulative Trauma \_\_\_\_\_

Identify Parts of the Body Involved \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Describe Activities when Injury Occurred \_\_\_\_\_

\_\_\_\_\_

Witnesses to Injury \_\_\_\_\_

\_\_\_\_\_

Contributing Factors (weather, faulty equipment, poor lighting)

\_\_\_\_\_

